

FY 2013 KDADS/CDDO Notification Form

This form is to be used by CDDOs to notify HCP-CSS when a person leaves HCBS-MR/DD waiver services or when a person has been defined to be in crisis and accesses new or additional HCBS-MR/DD services. For persons leaving services, this form is to be submitted within 14 days of the date the person is closed in BASIS. For persons approved for new or additional services, this form is to be submitted within 14 days of the Effective Date of Service Change (initial date the services begin).

Section 1:

CDDO Area: _____ Contact Person: _____ Phone Number: _____
Consumer Name: _____ Tier: _____ Age: _____
Social Security Number: _____
Effective Date of the Service Change: _____ Review to be conducted by (date): _____

Section 2: (To be completed only for persons determined in crisis and accessing new or additional services)

Crisis Criteria Met: (Mark all that are applicable)

- ☐ Person is at significant, imminent risk of serious harm to him/herself or others in his/her current situation.
☐ Person requires protection from confirmed abuse, neglect, or exploitation or written documentation of pending action for the same.

Section 3: Approved New or Additional Services with Cost Calculations New Access _____ Additional Access _____

Service	Units Approved for Remainder of FY	Rate per unit	Total Cost for Balance of KFY 13
Total			

Section 4: Reason for Leaving Service (To be completed only for persons leaving services)

- ☐ Deceased
☐ Moved: The person left the state or CDDO area, with no plans to seek services in another CDDO area
☐ Self (family) removal: The person or his or her family or guardian removed the person from services
☐ Terminated: The CDDO terminates services to the person
☐ Determined no longer eligible for waiver services
☐ Admitted to Nursing Facility
☐ Service Conversion
☐ Other (please describe) _____

Section 5: Costs Eliminated Due to Changes:

Service	Units Approved for Remainder of FY	Rate per Unit	Total Cost Eliminated for FY 13
Total			

****After completing the form, please print and e-mail it to Greg Wintle at
Greg.Wintle@kdads.ks.gov**